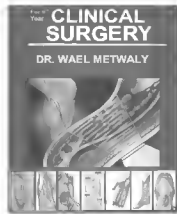


REVISION 14

INGUINO-SCROTAL

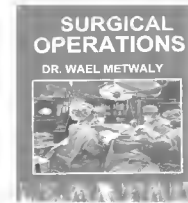
BY DR. WAEL METWALY

★ Clinical



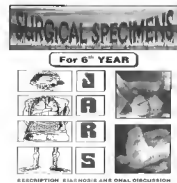
- Undescended testis
- Varicocele
- Hydrocele

★ Operative



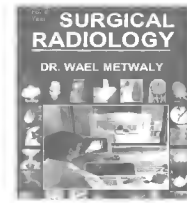
- Undescended testis
- Varicocele
- Hydrocele

★ Jars



- Seminoma
- Teratoma
- Torsion testis
- Filarial Funiculitis
- T.B Epididymo-orchitis

★ X-rays



EXAMS

- A. Written Questions
- B. Explanations
- C. Cases

A. WRITTEN QUESTIONS

2003

➤ Discuss C/P & DD of **Torsion Testis**

(9 Marks) دور ثانی

➤ Enumerate types of **Hydrocele**

(10 Marks)

2004

➤ Discuss C/P & DD of **Torsion Testis**

(10 Marks) دور ثانی

2007

➤ Discuss C/P & treatment of **1ry Vaginal hydrocele**

(5 Marks)

2008

➤ Discuss C/P & treatment of **1ry Varicocele**

(5 Marks) دور ثانی

2009

➤ Adolescent boy, came to emergency room, complaining of severe pain in the scrotum, his pulse was 110

what is DD & how to differentiated ?

(10 Marks) دور ثانی

B. EXPLAIN

THE FOLLOWING STATEMENTS



1. Testicular tumors, the scrotum should be via an inguinal Approach

(2007 – دور اول – Kasr)

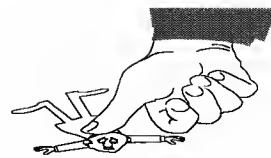
➤ To prevent opening of alternative way for lymphatic spread especially with **Seminoma**

2. Varicocele is more common of Lt. side.

(2006 – دور اول – 6. oct.)

- Because of
- ① Lt. Testicular vein **opens** in the Lt. Renal vein at Rt. angle i.e. **No** protective valves.
 - ② Lt. Testicular vein **lies** beneath the Sigmoid colon and so liable to compression.
 - ③ Lt. Testicular vein **be longer** because the Lt. Testis usually lies at lower level than Rt. Testis
 - ④ Lt. Renal vein **pass** anterior to aorta & posterior to superior mesenteric artery i.e. **Nut Cracker**

C. CASES



Case [87] (Torsion Testicle from Acute Epididymo-orchitis)

Adolescent boy, came to emergency room, complaining of severe pain in the scrotum, his pulse was 110

(Kasr - دور ثانی - 2009)

- What is DD & how to differentiated ?

بسم الله
GOOD LUCK

Dr. WAEL METWALY